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QUERY CONTROL FORM		RTIS U	SE ONLY
Application No. 09/532,5740 Prepared by	TIP	Tracking Number	6023716
Examiner-GAU Devajer-1772 Date	11 10104	Week Date	1011101
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JACKET					
a. Serial No. b. Applicant(s) c. Continuing Data d. PCT e. Domestic Priority	f. Foreign Priority g. Disclaimer h. Microfiche Appendix i. Title j. Claims Allowed	k. Print Claim(s) I. Print Fig. m. Searched Column n. PTO-270/328 o. PTO-892	p. PTO-1449 q. PTOL-85b r. Abstract s. Sheets/Figs t. Other		

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SPECIFICATION	MESSAGE Improper Dependency: in the claim set
a. Page Missing	dated 9/15/04 Claim 14 Crenumbered Claim 13) is
b. Text Continuity	dependent upon larger Claim 20 (renumbered Claim 15).
c. Holes through Data	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
d. Other Missing Text	
e. Illegible Text	
f. Duplicate Text	
g. Brief Description	
h. Sequence Listing	
i. Appendix	
j. Amendments	
k. Other	
CLAIMS	
a. Claim(s) Missing	
(b) Improper Dependency	
c. Duplicate Numbers	1 ank you,
d. Incorrect Numbering	initials
e. Index Disagrees	RESPONSE
f. Punctuation	
g. Amendments	
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j. Duplicate Text	
k. Other	
	initials